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FISH & RICHARDSON P.C.

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Certificate of Mailing By Express Mail

Express Mail Label No. **EF353809345US**Date of Deposit: **September 27, 2004**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/694,490	10/27/2003	Warren M. Zapol	10967-724003	4282

TITLE OF INVENTION: USE OF INHALED NO AS ANTI-INFLAMMATORY AGENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAGHIGHATIAN, MINA	1616	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

The General Hospital Corporation

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

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(Authorized Signature)

Jack Brennan
Jack Brennan
47,443

(Date) **September 27, 2004**

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09/29/2004 FFANAI3 00000027 10694490

01 FC:1501

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03 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Warren M. Zapol et al.
Serial No. : 10/694,490
Filed : October 27, 2003

Art Unit : 1616
Examiner : Mina Haghighatian
Confirmation No.: 4282
Notice of Allowance Date: June 29, 2004

Title : USE OF INHALED NO AS ANTI-INFLAMMATORY AGENT

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed June 29, 2004, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$1660 for the required issue fee and publication fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050, referencing Attorney Docket No. 10967-724003.

Respectfully submitted,

Date: September 27, 2004

Jack Brennan
Jack Brennan
Reg. No. 47,443

Fish & Richardson P.C.
Citigroup Center
52nd Floor
153 East 53rd Street
New York, New York 10022-4611
Telephone: (212) 765-5070
Facsimile: (212) 258-2291

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